

Family Name:

Family ID:

Early Intervention Partnerships Program: Family Care Plan

Based on Review of Completed Assessment, Identify Strengths/Needs for Family Care Plan

Family Strengths:

Family needs/Concerns:

Short-Term Goals (in one Month)

Long-term Goals (in three months)

Any Additional Comments:

The EI Partnerships team and I have made this plan together and all my questions about this plan have been answered:

Parent Signature

EIPP Team Signature

Date: